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| **LARCA 2.0 REQUEST FOR APPROVAL FORM** ***E-Mail to:*** [***LARCA2.0Approvals@lacity.org***](mailto:LARCA2.0Approvals@lacity.org)  (Last Rev. July 2019)  City-Seal-CMYK | | | | | | | | | | | | |
| ***Agency Name:*** | | |  | | | | | | ***Date Submitted:*** | |  | |
| ***Agency Rep Name & Title:*** | | |  | | | | | | ***Phone Number:*** | |  | |
| ***Participant Name:*** | | |  | | | | | | ***Claim #:*** | |  | |
| ****❶ Up to $10,000 may be allocated per participant based on services provided. Any cost in excess of that amount or in excess of the identified maximum amount per service module must be pre-approved by the City.****  ****❷** **Please indicate the additional dollar amount being requested over the maximum amount of service module(s).****  ****❸ Explain why the maximum allocation for the service module(s) is/are insufficient to meet the needs of the participant**** | | | | | | | | | | | | |
| **SERVICE MODULE:** | | **Case Management Sessions (Max: $2,400 per year)** | | **Career Services & Employment Readiness Workshops**  **(Max: $500)** | **Support Services**  **(Max: $1,000)** | | | ****Transitional Employment Wages (Max: $6,500)**** | | ****Vocational Education and Training****  ****(Max: $5,000)**** | | **Follow-Up Mtgs.**  **(Max: $900)** |
| ****Total Expenditures To Date:**** | | ****$**** | | ****$**** | ****$**** | | | ****$**** | | ****$**** | | ****$**** |
| ****Additional Dollar Amount Requested:**** | | ****$**** | | ****$**** | ****$**** | | | ****$**** | | ****$**** | | ****$**** |
| ****JUSTIFICATION**** | | | | | | | | | | | | |
| ***The individual is participating in the following service track:*** | | | | | | | | | | | | |
| ***Only Education/Training***  ***Education/Training AND Employment***  ***Only Employment*** | | | | | | | | | | | | |
| ***CAREER GOALS (PARTICIPANT’S EDUCATION OR EMPLOYMENT OBJECTIVE)*** | | | | | | | | | | | | |
| *What are the participant’s short term career goals & planned attainment date? (within the next year)* | | | | | | *What are your long term career goals & planned attainment date? (within the next 2 to 5 yrs.)* | | | | | | |
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| **Does the request align with the participant’s IEEP goals?** | | | | | | | | **Yes**  **No** | | | | |
| **Does the request address barriers to employment?** | | | | | | | | **Yes**  **No**  **N/A** | | | | |
| ****Explain why the maximum allocation for the service element(s) is insufficient to meet the needs of the participant:**** | | | | | | | | | | | | |
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| **For City of Los Angeles Economic and Workforce Development Department, Workforce Development Division Use Only:** | | | | | | | | | | | | |
| Reviewed by: |  | | | | | | *Date: Signed:* | |  | | | |
| Signature: |  | | | | | | Disposition: ◼Approved ◼ Not Approved | | | | | |
| Comments: |  | | | | | | | | | | | |
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